Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
SOUTHERN DISTRICT OF ILLINOIS		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ CI ar

#### Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued	Nicholas	Karrina
	picture identification (for	First name	First name
	example, your driver's	Allen	Danae
	license or passport).	Middle name	Middle name
	Bring your picture identification to your	Conner	Conner
	meeting with the trustee.	Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years Include your married or maiden names and any assumed, trade names and doing business as names.  Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.	Nick Conner	FKA Karrina Stanley
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-7238	xxx-xx-9310

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**Nicholas Allen Conner** Debtor 1 Debtor 2 **Karrina Danae Conner** Case number (if known) About Debtor 1: About Debtor 2 (Spouse Only in a Joint Case): Your Employer **Identification Number** (EIN), if any. EIN EIN Where you live If Debtor 2 lives at a different address: 602 S. Future St. Marion, IL 62959 Number, Street, City, State & ZIP Code Number, Street, City, State & ZIP Code Williamson County County If your mailing address is different from the one If Debtor 2's mailing address is different from yours, fill it above, fill it in here. Note that the court will send any in here. Note that the court will send any notices to this notices to you at this mailing address. mailing address. Number, P.O. Box, Street, City, State & ZIP Code Number, P.O. Box, Street, City, State & ZIP Code Why you are choosing Check one: Check one: this district to file for bankruptcy Over the last 180 days before filing this petition, Over the last 180 days before filing this petition, I I have lived in this district longer than in any have lived in this district longer than in any other other district. district. I have another reason. I have another reason. Explain. (See 28 U.S.C. § 1408.) Explain. (See 28 U.S.C. § 1408.)

	otor 1 otor 2	Nicholas Allen Co Karrina Danae Co					Case number (if known)			
Par	rt 2:	Tell the Court About	rour Bank	ruptcy Ca	ase					
7.	Banl	chapter of the cruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.							
	cnoc	sing to file under	Chapter 7							
			☐ Chapt	ter 11						
			☐ Chapt	ter 12						
			☐ Chapt	ter 13						
8.	How	you will pay the fee	abo ord a p	out how your er. If your re-printed	ou may pay. Typically, attorney is submitting address.	if you are paying the fee y your payment on your bel	ck with the clerk's office in your local court for more rourself, you may pay with cash, cashier's check, or half, your attorney may pay with a credit card or che	money eck with		
					<b>y the fee in installme</b> ee <i>in Installment</i> s (Offic		ion, sign and attach the Application for Individuals to	o Pay		
			☐ I re but app	equest that is not reco	at my fee be waived (' juired to, waive your fe ur family size and you	You may request this option of the contract of	on only if you are filing for Chapter 7. By law, a judg our income is less than 150% of the official poverty in installments). If you choose this option, you must	line that		
			tne	Аррисац	on to have the Chapte.	7 Filing Fee Walved (Oil	icial Form 103B) and file it with your petition.			
9.	bank	you filed for cruptcy within the	■ No.							
	last	B years?	☐ Yes.							
				District						
				District		<del></del>	Case number			
				District		When	Case number			
10.		any bankruptcy s pending or being	■ No							
	filed not f you,	by a spouse who is iling this case with or by a business ner, or by an	☐ Yes.							
				Debtor			Relationship to you			
				District		When	Case number, if known			
				Debtor			Relationship to you			
				District		When	Case number, if known			
11.		ou rent your lence?	■ No.	Go to	line 12.					
	resid	ierice ?	☐ Yes.	Has yo	our landlord obtained a	n eviction judgment again	st you?			
					No. Go to line 12.					
					Yes. Fill out <i>Initial Sta</i> this bankruptcy petition		Judgment Against You (Form 101A) and file it as p	art of		

		olas Allen Co ina Danae Co				Case number (if known)	
Par	t 3: Repor	t About Any Bu	sinesses	You Own	as a Sole Propriet	or	
12.		sole proprietor or part-time	■ No. Go to Part 4.				
			☐ Yes.	Name	and location of busi	iness	
A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation,		ou operate as al, and is not a gal entity such		Name	of business, if any		
	sole proprie	more than one storship, use a seet and attach		Numb	er, Street, City, State	e & ZIP Code	
	it to this per			Check	the appropriate box	k to describe your business:	
	·				Health Care Busin	ess (as defined in 11 U.S.C. § 101(27A))	
					Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))	
					Stockbroker (as de	efined in 11 U.S.C. § 101(53A))	
						r (as defined in 11 U.S.C. § 101(6))	
					None of the above		
	are you a sidebtor or a defined by 1182(1)? For a definibusiness du U.S.C. § 10	of the y Code, and small business a debtor as 11 U.S. C. § tion of small ebtor, see 11	proceed you are of cash-flow § 1116(1)  No.  No.	e filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, vistatement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. (IB).  I am not filing under Chapter 11.  I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.  I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.  I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.			
Part	property the alleged to of imminer identifiable public hear Or do you	hazard to th or safety? own any	■ No. □ Yes.		he hazard?		
	property the immediate				why is it needed?		
	perishable livestock th or a buildin	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	the property?		
						Number, Street, City, State & Zip Code	

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Deb	tor 2 Karrina Danae Co	nner	<u>r</u>			Case number (if known)
art	5: Explain Your Efforts t	o Re	eceive a Briefing About Credit Counseling			
_	Tell the court whether		out Debtor 1: u must check one:			out Debtor 2 (Spouse Only in a Joint Case):
Э.	you have received a briefing about credit counseling.	<b>10</b> 0	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.		<b>1</b> 00	I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.
	The law requires that you receive a briefing about credit counseling before you file for bankruptcy.		Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.			Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.
	You must truthfully check one of the following choices. If you cannot do so, you are not eligible to		I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.			I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.
	file.  If you file anyway, the court can dismiss your case, you		Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.			Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.
	will lose whatever filing fee you paid, and your creditors can begin collection activities again.		I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.			I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.
			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances			To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.
			required you to file this case.  Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you			Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.
						If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.
			developed, if any. If you do not do so, your case may be dismissed.			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.
			Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.			
			I am not required to receive a briefing about credit counseling because of:			I am not required to receive a briefing about credit counseling because of:
			☐ Incapacity.  I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.			Incapacity. I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.
			Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.			Disability.  My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.
			<ul> <li>Active duty.         I am currently on active military duty in a military combat zone.     </li> </ul>			Active duty. I am currently on active military duty in a military combat zone.
			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.			If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

	tor 1 Nicholas Allen Co tor 2 Karrina Danae Co				Case nu	umber (if known)			
Part	6: Answer These Quest	ions for Re	porting Purposes						
16.	What kind of debts do you have?		Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."						
			□ No. Go to line 16b.						
			Yes. Go to line 17.						
			Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
			☐ No. Go to line 16c.						
			☐ Yes. Go to line 17.						
		16c.	State the type of debts you owe th	nat are not consun	ner debts or bus	siness debts			
17.	Are you filing under Chapter 7?	□ No.	I am not filing under Chapter 7. Go	o to line 18.					
	Do you estimate that after any exempt property is excluded and		I am filing under Chapter 7. Do yo are paid that funds will be available				d and administrative expenses		
	administrative expenses are paid that funds will		No						
	be available for distribution to unsecured creditors?		☐ Yes						
18.	How many Creditors do	<b>1</b> -49		<b>1</b> ,000-5,000		□ 25,00			
	you estimate that you owe?	□ 50-99		5001-10,000			1-100,000		
		☐ 100-19 ☐ 200-99		□ 10,001-25,00	than100,000				
19.	How much do you	□ \$0 - \$5	50,000	□ \$1,000,001 -	- \$10 million	☐ \$500,	000,001 - \$1 billion		
	estimate your assets to be worth?		01 - \$100,000	<b>□</b> \$10,000,001			□ \$1,000,000,001 - \$10 billion		
			001 - \$500,000	□ \$50,000,001 □ \$100,000,00			00,000,001 - \$50 billion than \$50 billion		
		<b>□</b> \$500,0	001 - \$1 million	<b>—</b> \$100,000,00	71 - \$300 Hillion		than 400 billion		
20.	How much do you	□ \$0 - \$5		□ \$1,000,001 -			000,001 - \$1 billion		
	estimate your liabilities to be?		01 - \$100,000	□ \$10,000,001			00,000,001 - \$10 billion		
			001 - \$500,000 001 - \$1 million	□ \$50,000,001 □ \$100,000,00			000,000,001 - \$50 billion than \$50 billion		
		<b>ω</b> ψοσο,σ					<u> </u>		
Part	7: Sign Below								
For	you	I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.							
If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter									
	If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out the document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					help me fill out this			
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition						tition.			
I understand making a false statement, concealing property, or obtaining mor bankruptcy case can result in fines up to \$250,000, or imprisonment for up to and 3571.									
		/s/ Nicho	olas Allen Conner			Danae Conner			
			s Allen Conner of Debtor 1		Karrina Dan Signature of D				
		Executed	on <b>June 19, 2024</b>		Executed on	June 19, 2024			
		ZACCUIEU	MM / DD / YYYY		EXCOULED OIL	MM / DD / YYYY			

Debtor 1 Nicholas Allen Co Debtor 2 Karrina Danae Co		Case number (if known)				
For your attorney, if you are represented by one	I, the attorney for the debtor(s) named in this petitic under Chapter 7, 11, 12, or 13 of title 11, United Sta for which the person is eligible. I also certify that I	ates Code, and have e	explained the relief available under each chapter			
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 707(b)(4)(D) applies, cert schedules filed with the petition is incorrect.					
	/s/ Brad Olson	Date	June 19, 2024			
	Signature of Attorney for Debtor	<del></del>	MM / DD / YYYY			
	Brad Olson					
	Printed name					
	LAW OFFICE OF BRAD OLSON					
	Firm name					
	101 East DeYoung					
	Marion, IL 62959					
	Number, Street, City, State & ZIP Code					
	Contact phone 618-997-5262	Email address	bradolson@bradolsonlaw.com			
	6243604 IL					
	Bar number & State					

Fill	in this inform	nation to identify your case:		
	otor 1	Nicholas Allen Conner		
DCL	7.01	First Name Middle Name Last Name		
1	otor 2	Karrina Danae Conner		
(Spo	use if, filing)	First Name Middle Name Last Name		
Unit	ted States Bar	nkruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS		
Cas	se number			
(if kn			_	ck if this is an ended filing
I			ann	indea ming
<b>○</b> t	¢:-:-  □	4000		
		m 106Sum		4044
		f Your Assets and Liabilities and Certain Statistical Information		12/15
info	rmation. Fill c	nd accurate as possible. If two married people are filing together, both are equally responsible fo out all of your schedules first; then complete the information on this form. If you are filing amend ns, you must fill out a new <i>Summary</i> and check the box at the top of this page.		
Par	t 1: Summa	arize Your Assets		
			Your	assets
				e of what you own
1.	Schedule A	/B: Property (Official Form 106A/B)		400.000.00
	1a. Copy line	e 55, Total real estate, from Schedule A/B	\$_	120,000.00
	1b. Copy line	e 62, Total personal property, from Schedule A/B	\$_	29,398.00
	1c. Copy line	e 63, Total of all property on Schedule A/B	\$_	149,398.00
Par	t 2: Summa	arize Your Liabilities		
			Your	liabilities
				unt you owe
2.		Creditors Who Have Claims Secured by Property (Official Form 106D) total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	147,186.00
3.		F: Creditors Who Have Unsecured Claims (Official Form 106E/F)	\$	0.00
		e total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$ \$	
	Sb. Copy the	e total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	Φ_	40,263.00
		Your total liabilities	¢	197 440 00
		Tour total habilities	φ	187,449.00
Par	t 3: Summa	arize Your Income and Expenses	•	
		·		
4.		Your Income (Official Form 106I) ombined monthly income from line 12 of Schedule I	\$	4,320.00
5.	Schedule I:	Your Expenses (Official Form 106J)		
J.		onthly expenses from line 22c of Schedule J	\$	4,439.00
Par	t 4: Answe	r These Questions for Administrative and Statistical Records		
6.	•	ng for bankruptcy under Chapters 7, 11, or 13?  u have nothing to report on this part of the form. Check this box and submit this form to the court with yo	ur other s	schedules.
	■ Yes			
7.		f debt do you have?		
		ebts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for old purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.	a person	al, family, or
		ebts are not primarily consumer debts. You have nothing to report on this part of the form. Check this rt with your other schedules.	s box and	submit this form to

Debtor 1 Debtor 2	Nicholas Allen Conner Karrina Danae Conner	Case number (if known)	
	n the Statement of Your Current Monthly Income: Cop N-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Li		\$ 5,811.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Tota	l claim
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
<ol> <li>Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)</li> </ol>	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Official Form 106Sum

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Official Form 106A/B  Schedule A/B: Property  In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Marufactured or mobile home  Marufactured or mobile home  Land  Current value of the entire property?  Current value of the portion you own?		Cas	SE 24-40233	-ikg Duc i	L FIIEU 00/13/24 F	aye 10 01	31	
Debor 2 Karrina Danae Conner    Spower, if filing    First Name	Fill in this inform	mation to identify	your case and th	is filing:				
Debtor 2 (Spoose, Himp)    Case   Name   Middle Name   Last Name	Debtor 1	Nicholas All	en Conner					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS  Case number    Check if this is a amended filing				Name	Last Name			
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS  Case number				Name	Last Name			
Case number  Check if this is a amended filing  Official Form 106A/B  Schedule A/B: Property  In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.  Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  No. Go to Part 2.  Yes. Where is the property?  What is the property? Check all that apply  Single-family home  Duplex or multi-unit building  Condominium or cooperative  Manufactured or mobile home  Land  Check if this is a community property  Three hare  Other  Williamson  Debtor 1 only  Debtor 1 only  Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed								
Official Form 106A/B  Schedule A/B: Property  12/15  nech category, separately list and describe lorms. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any didtional pages, write your name and case number (if known). Answer every question.  Part I: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?    No. Go to Part 2.   Single-family home   Single-family home   Outpet or multi-funit building   Condominium or cooperative   Outpet or multi-funit building   Condominium or cooperative   Outpet or multi-funit building   Condominium or cooperative   Outpet or multi-funit building   Outpet or mu	Officed States Ba	irikrupicy Court for	the. 300THER	N DISTRICT OF	ILLINOIS			
Schedule A/B: Property  In sech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you wish to a separate and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 1:  Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  In 602 S. Future St.  Street address, if available, or other description  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land City Sinte ZIP Code  Who has an interest in the property? Check one Debtor 1 only Investment property St20,000.00  S120,000.00  S120,000.00  S120,000.00  S120,000.00  S120,000.00  Check if this is community property Other Information you wish to add about this item, such as local property identification number: residence three bedroom, two bath, 1300 square foot home on one city lot with shed	Case number _							
Schedule A/B: Property  In sech category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you wish to a separate and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 1:  Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest in  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  In 602 S. Future St.  Street address, if available, or other description  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative  Manufactured or mobile home Land City Sinte ZIP Code  Who has an interest in the property? Check one Debtor 1 only Investment property St20,000.00  S120,000.00  S120,000.00  S120,000.00  S120,000.00  S120,000.00  Check if this is community property Other Information you wish to add about this item, such as local property identification number: residence three bedroom, two bath, 1300 square foot home on one city lot with shed	O#:-:-1 <b>F</b> -	400 A /D						
In each category, separately list and describe items. List an asset only once. If an asset filts in more than one category, list the asset in the category where you think if it its best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).  Part 15 Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In  1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?  1.1 Go2 S. Future St.  Street address, if available, or other description  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land City State ZiP Code Unless the property? Check all that apply the entire property?  Who has an interest in the property? Check one Debtor 1 only Describe the nature of your ownership interest in the property? Check one Describe the nature of your ownership interest in the property? Check one Describe the nature of your ownership interest in the property identification number: residence third manufactured on woo with to add about this item, such as local property identification number: residence three bedroom, two bath, 1300 square foot home on one city lot with shed	_	_	_					
think it fits best. Be as complete and accurate as possible. If two married people are filling together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.    Part 1:	Schedul	e A/B: Pi	roperty					12/15
No. Go to Part 2.	Answer every ques	stion.				s, write your name	e and case n	number (if known).
The state of the property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Investment property Investment property Investment property? Check one Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed  Do not deduct secured claims or exemptions. Put the amount of any sec	1. Do you own or h	nave any legal or eq	uitable interest in a	ny residence, buil	ding, land, or similar property?			
The state of the property?  What is the property? Check all that apply  Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Investment property Investment property Investment property? Check one Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed  Do not deduct secured claims or exemptions. Put the amount of any sec	☐ No. Go to Par	t 2.						
## What is the property? Check all that apply    Single-family home	_							
Single-family home   Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the anount of any secured claims or exemptions. Put the anount of any secure delines.  Current value of the entire property?  Sland and anount of any secured claims or exemptions. Put the anount of any secur	— Tos. Whole is	o the property:						
Single-family home   Do not deduct secured claims or exemptions. Put the amount of any secured claims or exemptions. Put the anount of any secured claims or exemptions. Put the anount of any secure delines.  Current value of the entire property?  Sland and anount of any secured claims or exemptions. Put the anount of any secur								
Street address, if available, or other description    Duplex or multi-unit building   Duplex or multi-unit building   Condominium or cooperative	1.1			What is the pro	perty? Check all that apply			
Marion   IL   62959-0000   Manufactured or mobile home   Current value of the entire property?   State   ZIP Code   Investment property   S120,000.00   S120				Single-fa	mily home	Do not deduct s	ecured claim	ns or exemptions. Put
Marion   IL   62959-0000   Manufactured or mobile home   Current value of the entire property   Portion you own?    City   State   ZIP Code   Land   Investment property   Investment property   Investment property   S120,000.00   \$120,000.00   \$120,000.00   \$120,000.00    Timeshare   Other   Debtor 1 only   Debtor 1 only   Debtor 2 only   At least one of the debtors and another   Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed	Street address,	if available, or other des	cription	□ Duplex o	r multi-unit building			
Marion IL 62959-0000  City State ZIP Code				☐ Condomi	nium or cooperative			
Marion   L   62959-0000   Land   entire property?   portion you own?				☐ Manufact	tured or mobile home			
Williamson    County   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   At least one of the debtors and another   Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed    Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.    Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.    Check if this is community property (see instructions)    Check if this is community property (see instructions)    Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed	Marion	IL	62959-0000	Land				
Williamson    Other   Who has an interest in the property? Check one   Debtor 1 only   Debtor 2 only   Debtor 1 and Debtor 2 only   Check if this is community property (see instructions)    Other   Debtor 1 and Debtor 2 only   Check if this is community property (see instructions)    Other information you wish to add about this item, such as local property identification number:	City	State	ZIP Code	☐ Investme	nt property	\$120,0	00.00	\$120,000.00
Williamson    Debtor 1 only   Debtor 2 only   Debtor 3 and Debtor 2 only   Check if this is community property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed    Williamson				=	re			
Williamson  Debtor 2 only  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed					erest in the property? Check one			cy by the entireties, or
County  Debtor 1 and Debtor 2 only  At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed  2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for	147111			_	•			
At least one of the debtors and another  Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed		n		_	•			
Other information you wish to add about this item, such as local property identification number:  residence three bedroom, two bath, 1300 square foot home on one city lot with shed  2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for	County			_	ŕ			unity property
property identification number: residence three bedroom, two bath, 1300 square foot home on one city lot with shed  2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for						(	ons)	
three bedroom, two bath, 1300 square foot home on one city lot with shed  2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for						iii, sucii as iocai		
					om, two bath, 1300 square	e foot home o	n one city	lot with shed
					<u> </u>			
	2. Add the doll	ar value of the no	ortion you own fo	r all of your entr	ies from Part 1. including any	entries for		
								\$120,000.00
							L	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Debto Debto		icholas Allen Conner arrina Danae Conner	C	ase number (if known)	
. Ca	rs, vans,	trucks, tractors, sport utility v	rehicles, motorcycles		
	No				
•	Yes				
		Dadas		Do not deduct secured c	laims or exemptions. Put
3.1	Make:	Dodge Grand Caravan	Who has an interest in the property? Check one	the amount of any secure	ed claims on Schedule D:
	Model: Year:	2014	☐ Debtor 1 only	Creditors Who Have Cla	ims Secured by Property.
			Debtor 2 only	Current value of the	Current value of the
		nate mileage: 180k miles	<ul> <li>■ Debtor 1 and Debtor 2 only</li> <li>□ At least one of the debtors and another</li> </ul>	entire property?	portion you own?
		pased on JD Power ave.	At least one of the debtors and another		
	trade-i		☐ Check if this is community property (see instructions)	\$2,065.00	\$2,065.00
3.2	Make:	Toyota	Who has an interest in the property? Check one		laims or exemptions. Put
5.2	Model:	Four Runner	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.
	Year:	2003	Debtor 2 only		
		nate mileage: 185k miles	Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another		<b>,</b>
	salvag			40.050.00	<b>.</b>
	price b	pased on JD Power low	☐ Check if this is community property (see instructions)	\$3,850.00	\$3,850.00
3.3	Make:	Harley Davidson	Who has an interest in the property? Check one	Do not deduct secured c	laims or exemptions. Put
3.3	Model:	Sportster	Debtor 1 only		ed claims on Schedule D: ims Secured by Property.
	Year:	2019	Debtor 2 only		
		nate mileage:	■ Debtor 1 and Debtor 2 only	Current value of the entire property?	Current value of the portion you own?
		formation:	☐ At least one of the debtors and another	chare property.	portion you own.
			☐ Check if this is community property (see instructions)	\$5,000.00	\$5,000.00
	amples: B No		and other recreational vehicles, other vehicles, and vatercraft, fishing vessels, snowmobiles, motorcycle		
4.1	Make:	Avenger Camper	Who has an interest in the property? Check one		laims or exemptions. Put ed claims on Schedule D:
	Model:		Debtor 1 only		ims Secured by Property.
	Year:	2019	Debtor 2 only	Current value of the	Current value of the
			■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other inf	formation:	At least one of the debtors and another	*	*
	34' pu	II behind camper	Check if this is community property (see instructions)	\$14,000.00	\$14,000.00
			wn for all of your entries from Part 2, including a e that number here		\$24,915.00
		be Your Personal and Household or have any legal or equitable i	Items nterest in any of the following items?		Current value of the portion you own?

Official Form 106A/B Schedule A/B: Property page 2

claims or exemptions.

	Debtor 1 Debtor 2	Nicholas Allen Conner Karrina Danae Conner Case n	number (if known)
6.	Example ☐ No	old goods and furnishings es: Major appliances, furniture, linens, china, kitchenware  Describe	
_		furniture \$700; W/D \$300; refrig \$500; kitchen goods \$100; free \$50	ezer \$1,350.00
7.	□ No	nics es: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, so including cell phones, cameras, media players, games  Describe	canners; music collections; electronic devices
		2TV/1DVD/1Switch/1Playstation V	\$400.00
		Ipad and cell phones (leased)	\$0.00
8.	Example ■ No	bles of value es: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objetother collections, memorabilia, collectibles  Describe	ects; stamp, coin, or baseball card collections;
9.	Example No	ent for sports and hobbies es: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf club musical instruments  Describe	bs, skis; canoes and kayaks; carpentry tools;
10	■ No	ns  bles: Pistols, rifles, shotguns, ammunition, and related equipment  Describe	
1	□ No	s  oles: Everyday clothes, furs, leather coats, designer wear, shoes, accessories  Describe	
		Misc. wearing apparel	\$350.00
12	□ No ´	y  bles: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, v  Describe	watches, gems, gold, silver
_		wedding bands 1000; misc costume jewelry and watch 200	\$1,200.00
13	Examp	rm animals bles: Dogs, cats, birds, horses  Describe	
	. 100.	1 dog, 2 cats	\$0.00

Case 24-40235-lkg Doc 1 Filed 06/19/24 Page 13 of 57 **Nicholas Allen Conner** Debtor 1 Debtor 2 **Karrina Danae Conner** Case number (if known)

□ No	a tafanna attan		
Yes. Give specific	c information		
	push lawn mower 20	00; misc yard tools 50; misc hand tools 300	\$550.00
for Part 3. Write t	hat number here	Part 3, including any entries for pages you have attached	\$3,850.00
Part 4: Describe Your Fi Do you own or have a	inancial Assets iny legal or equitable interest	in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
□ No	you have in your wallet, in your	home, in a safe deposit box, and on hand when you file your petit	ion
Examples: Checkin	ng, savings, or other financial ac ons. If you have multiple accoun	Cash counts; certificates of deposit; shares in credit unions, brokerage nts with the same institution, list each. Institution name:	\$100.00 houses, and other similar
Examples: Checkin institution  □ No	ng, savings, or other financial ac ons. If you have multiple accoun	ecounts; certificates of deposit; shares in credit unions, brokerage nts with the same institution, list each.	<del>`</del>
Examples: Checkin institution  □ No	ng, savings, or other financial acons. If you have multiple accoun	ecounts; certificates of deposit; shares in credit unions, brokerage nts with the same institution, list each.  Institution name:	houses, and other similar
Examples: Checkin institution ☐ No	ng, savings, or other financial acons. If you have multiple account  17.1. debti	counts; certificates of deposit; shares in credit unions, brokerage nts with the same institution, list each.  Institution name:  Apple Cash	houses, and other similar
Examples: Checkin institution  □ No	ng, savings, or other financial accounts. If you have multiple accounts  17.1. debti  17.2. debit	counts; certificates of deposit; shares in credit unions, brokerage into the same institution, list each.  Institution name:  Apple Cash  Square account  Regions Bank	houses, and other similar \$0.00
institutio	ng, savings, or other financial accounts. If you have multiple account  17.1. debti  17.2. debit  17.3. checking	counts; certificates of deposit; shares in credit unions, brokerage into with the same institution, list each.  Institution name:  Apple Cash  Square account  Regions Bank (3069)  Regions Bank	\$0.00
Examples: Checkin institution  □ No	ng, savings, or other financial accounts. If you have multiple account  17.1. debti  17.2. debit  17.3. checking	counts; certificates of deposit; shares in credit unions, brokerage into with the same institution, list each.  Institution name:  Apple Cash  Square account  Regions Bank (3069)  Regions Bank (2834)	\$0.00 \$0.00 \$0.00

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No Institution or issuer name: ☐ Yes.....

	ebtor 1 ebtor 2	Nicholas Allen Conner Karrina Danae Conner	Case number (if known)	
19		ublicly traded stock and interests in incorporenture	orated and unincorporated businesses, including an interest in a	an LLC, partnership, and
		Give specific information about themName of entity:	% of ownership:	
20	Negot Non-n		tiable and non-negotiable instruments whiers' checks, promissory notes, and money orders. Inster to someone by signing or delivering them.	
	■ No □ Yes.	Give specific information about them Issuer name:		
21		ment or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or profit-sharing plans	5
	■ Yes.	List each account separately.  Type of account:	Institution name:	
			Pension through work	Unknown
22	Your s		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies,	or others
			Institution name or individual:	
23		cies (A contract for a periodic payment of mone	ey to you, either for life or for a number of years)	
	■ No □ Yes.	Issuer name and description.		
24		ts in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition prograi	n.
	Yes.	Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25	. Trusts ■ No	, equitable or future interests in property (o	ther than anything listed in line 1), and rights or powers exercis	able for your benefit
	_	Give specific information about them		
26		s, copyrights, trademarks, trade secrets, an oles: Internet domain names, websites, proceed		
		Give specific information about them		
27		es, franchises, and other general intangible oles: Building permits, exclusive licenses, coop	es perative association holdings, liquor licenses, professional licenses	
	☐ Yes.	Give specific information about them		
M	oney or	property owed to you?		Current value of the portion you own? Do not deduct secured claims or exemptions.
28	_	funds owed to you		
	■ No □ Yes.	Give specific information about them, including	g whether you already filed the returns and the tax years	

Official Form 106A/B Schedule A/B: Property page 5

	ebtor 1 ebtor 2	Nicholas Allen Conner Karrina Danae Conner	Case number (if known)	
29		support  oles: Past due or lump sum alimony, spousal support, child sup	oport, maintenance, divorce settlement, property	settlement
		Give specific information		
30		amounts someone owes you  bles: Unpaid wages, disability insurance payments, disability be benefits; unpaid loans you made to someone else	enefits, sick pay, vacation pay, workers' compe	nsation, Social Security
	_	Give specific information		
31		sts in insurance policies oles: Health, disability, or life insurance; health savings accoun	t (HSA); credit, homeowner's, or renter's insural	nce
	■ Yes.	Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
		term life through work		\$0.00
	If you some of No □ Yes.	terest in property that is due you from someone who has deare the beneficiary of a living trust, expect proceeds from a life one has died.  Give specific information	insurance policy, or are currently entitled to rec	eive property because
	■ No	oles: Accidents, employment disputes, insurance claims, or rigit Describe each claim	hts to sue	
34	■ No	contingent and unliquidated claims of every nature, includ	ling counterclaims of the debtor and rights to	o set off claims
35	_ `	nancial assets you did not already list		
	■ No □ Yes.	Give specific information		
36		the dollar value of all of your entries from Part 4, including		\$633.00
Pa	art 5: De	scribe Any Business-Related Property You Own or Have an Interes	st In. List any real estate in Part 1.	
	No. Go	own or have any legal or equitable interest in any business-related to Part 6.  Go to line 38.	l property?	
Pa		scribe Any Farm- and Commercial Fishing-Related Property You C ou own or have an interest in farmland, list it in Part 1.	Own or Have an Interest In.	
46	■ No.	own or have any legal or equitable interest in any farm-o Go to Part 7. Go to line 47.	or commercial fishing-related property?	
Pa	art 7:	Describe All Property You Own or Have an Interest in That You	Did Not List Above	

Official Form 106A/B Schedule A/B: Property page 6

Debto Debto			Case number (if known)	
<i>E</i>	b you have other property of any kind you did not already list? ixamples: Season tickets, country club membership No Yes. Give specific information			
54.	Add the dollar value of all of your entries from Part 7. Write that	number here		\$0.00
Part 8	List the Totals of Each Part of this Form			
55. <b>I</b>	Part 1: Total real estate, line 2			\$120,000.00
56. <b>I</b>	Part 2: Total vehicles, line 5	\$24,915.00		
57. <b>I</b>	Part 3: Total personal and household items, line 15	\$3,850.00		
58. <b>I</b>	Part 4: Total financial assets, line 36	\$633.00		
59. I	Part 5: Total business-related property, line 45	\$0.00		
60. I	Part 6: Total farm- and fishing-related property, line 52	\$0.00		
61. <b>I</b>	Part 7: Total other property not listed, line 54 +	\$0.00		
62. <b>-</b>	Fotal personal property. Add lines 56 through 61	\$29,398.00	Copy personal property to	stal <b>\$29,398.00</b>
63. <b>-</b>	Total of all property on Schedule A/B. Add line 55 + line 62			\$149,398.00

Official Form 106A/B Schedule A/B: Property page 7

	Case 24	4-40235-lkg	Doc 1	Filed 06/19/24	Page 17 o	of 57
Fill in this inform	nation to identify your	case:				
Debtor 1	Nicholas Allen Co					
Debtor 2	First Name	Middle Name		Last Name		
(Spouse if, filing)	Karrina Danae Co	Niddle Name		Last Name		
	nkruptcy Court for the:	SOUTHERN DIS	TRICT OF IL			
Case number						☐ Check if this is an amended filing
Official Fo		operty Yo	ou Clai	m as Exem <sub>l</sub>	ot	4/22
the property you li needed, fill out an	Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on <i>Schedule A/B: Property</i> (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of <i>Part 2: Additional Page</i> as necessary. On the top of any additional pages, write your name and case number (if known).					
specific dollar ar any applicable si funds—may be u exemption to a p	mount as exempt. Alter tatutory limit. Some exe inlimited in dollar amou	natively, you may emptions—such a unt. However, if yo	claim the fu s those for l ou claim an o	II fair market value of th nealth aids, rights to rec exemption of 100% of fa	e property bein ceive certain bei ir market value	ne way of doing so is to state a g exempted up to the amount of nefits, and tax-exempt retirement under a law that limits the your exemption would be limited
Part 1: Identi	fy the Property You Cla	nim as Exempt				

1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)

☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2) 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below. Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B 602 S. Future St. Marion, IL 62959 735 ILCS 5/12-901 \$30,000.00 \$120,000.00 Williamson County residence 100% of fair market value, up to three bedroom, two bath, 1300 any applicable statutory limit square foot home on one city lot with shed Line from Schedule A/B: 1.1 2014 Dodge Grand Caravan 180k 735 ILCS 5/12-1001(c) \$2,400.00 \$2,065.00 miles miles price based on JD Power ave. 100% of fair market value, up to trade-in any applicable statutory limit Line from Schedule A/B: 3.1 2003 Toyota Four Runner 185k miles 735 ILCS 5/12-1001(c) \$2,400.00 \$3,850.00 miles salvage title 100% of fair market value, up to price based on JD Power low retail any applicable statutory limit Line from Schedule A/B: 3.2 2003 Toyota Four Runner 185k miles 735 ILCS 5/12-1001(b) \$3,850.00 \$1,450.00 miles salvage title 100% of fair market value, up to price based on JD Power low retail any applicable statutory limit Line from Schedule A/B: 3.2

	btor 1 btor 2	Nicholas Allen Conner Karrina Danae Conner			Case number (if known)	
		description of the property and line on dule A/B that lists this property	Current value of the portion you own Copy the value from	portion you own  Copy the value from Check only one box for each exemption.		Specific laws that allow exemption
	kitch	ture \$700; W/D \$300; refrig \$500; en goods \$100; freezer \$50 rom Schedule A/B: 6.1	\$1,350.00	<b>=</b>	\$1,350.00 100% of fair market value, up to	735 ILCS 5/12-1001(b)
	Misc	. wearing apparel	\$350.00		any applicable statutory limit \$350.00	735 ILCS 5/12-1001(a)
		rom Schedule A/B: 11.1	<b>\$350.00</b>	_	100% of fair market value, up to any applicable statutory limit	(,
		ding bands 1000; misc costume Iry and watch 200	\$1,200.00		\$1,200.00	735 ILCS 5/12-1001(a)
	Line f	rom Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit	
		n lawn mower 200; misc yard s 50; misc hand tools 300	\$550.00	•	\$550.00	735 ILCS 5/12-1001(b)
	Line f	rom <i>Schedule A/B</i> : <b>14.1</b>			100% of fair market value, up to any applicable statutory limit	
	Cash Line f	n rom <i>Schedule A/B</i> : <b>16.1</b>	\$100.00	•	\$100.00	735 ILCS 5/12-1001(b)
					100% of fair market value, up to any applicable statutory limit	
	chec (283	king: Regions Bank 4)	\$459.00	•	\$459.00	735 ILCS 5/12-1001(b)
	Line f	rom Schedule A/B: <b>17.4</b>			100% of fair market value, up to any applicable statutory limit	
		:: <b>Venmo</b> rom <i>Schedule A/B</i> : <b>17.5</b>	\$5.00	•	\$5.00	735 ILCS 5/12-1001(b)
					100% of fair market value, up to any applicable statutory limit	
		t: Venmo rom Schedule A/B: 17.6	\$54.00	•	\$54.00	735 ILCS 5/12-1001(b)
					100% of fair market value, up to any applicable statutory limit	
		sion through work from Schedule A/B: 21.1	Unknown	•	Unknown	215 ILCS 5/238
					100% of fair market value, up to any applicable statutory limit	
3.	(Subj	rou claiming a homestead exemption of ect to adjustment on 4/01/25 and every 3 No  Yes. Did you acquire the property covered	3 years after that for ca	ases fi	,	,
		□ Yes				

Fill in this information	on to identify you	r case:			
	Nicholas Allen C irst Name	Vonner  Middle Name Last Name			
Debtor 2	Karrina Danae C	Conner			
	irst Name	Middle Name Last Name			
United States Bankru	ptcy Court for the:	SOUTHERN DISTRICT OF ILLINOIS			
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
~					
Official Form 1	<u>06D</u>				
Schedule D:	Creditors	Who Have Claims Secur	ed by Property	•	12/15
		f two married people are filing together, both arout, number the entries, and attach it to this forn			
1. Do any creditors have	e claims secured by	your property?			
☐ No. Check this	box and submit th	is form to the court with your other schedules	s. You have nothing else to	report on this form.	
_	of the information b	•			
		DEIOW.			
	cured Claims		. Column A	Column B	Column C
		nore than one secured claim, list the creditor separa a particular claim, list the other creditors in Part 2.	itely	Value of collateral	Unsecured
		al order according to the creditor's name.	Do not deduct the	that supports this	portion
2.1 Harley Davids	son Credit	Describe the property that secures the claim:	value of collateral. \$9,000.00	\$5,000.00	If any <b>\$4,000.00</b>
Creditor's Name		2019 Harley Davidson Sportster		Ψο,σσσισσ	<u> </u>
		As of the date you file, the claim is: Check all that			
Dept 15129	00EE E420	apply.			
Palatine, IL 60		Contingent			
Number, Street, City,	State & Zip Code	Unliquidated			
Who owes the debt?	Check one.	☐ Disputed  Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lier	)		
☐ At least one of the de	ebtors and another	☐ Judgment lien from a lawsuit			
☐ Check if this claim	relates to a	Other (including a right to offset)			
community debt					
Date debt was incurred	I	Last 4 digits of account number			
2.2 SIU Credit Un	nion	Describe the property that secures the claim:	\$25,186.00	\$14,000.00	\$11,186.00
Creditor's Name		2019 Avenger Camper			
		34' pull behind camper			
1217 West Ma	nin Ctroot	As of the date you file, the claim is: Check all that			
1217 West Ma Carbondale, I		apply.			
Number, Street, City,		☐ Contingent ☐ Unliquidated			
Number, Street, Sity,	otate a zip code	☐ Disputed			
Who owes the debt?	Check one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage of	secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debtor	2 only	☐ Statutory lien (such as tax lien, mechanic's lier	)		
At least one of the de		☐ Judgment lien from a lawsuit			
Check if this claim	relates to a	Other (including a right to offset)			
community debt					
Date debt was incurred	I	Last 4 digits of account number			

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Debtor 1	Nicholas Allen Con	ner		Case number (if known)		
	First Name Mi	ddle Name	Last Name			
Debtor 2	Karrina Danae Conr	ner				
	First Name Mi	ddle Name	Last Name			
2.3 <b>US</b>	Bank Home Mortgag	e Describe t	he property that secures the claim:	\$113,000.00	\$120,000.00	\$0.00
Credi	itor's Name	Williams residend three be square f with she	droom, two bath, 1300 oot home on one city lot ed			
	Box 790415 int Louis, MO 63179	As of the capply.	late you file, the claim is: Check all the	at		
Numl	ber, Street, City, State & Zip Code	Unliquid				
Who owe	s the debt? Check one.	Nature of	lien. Check all that apply.			
☐ Debtor ☐ Debtor	•	☐ An agre car loa	ement you made (such as mortgage on)	or secured		
Debtor	1 and Debtor 2 only	☐ Statuto	ry lien (such as tax lien, mechanic's lie	en)		
☐ At least	t one of the debtors and anot	her 🗖 Judgme	ent lien from a lawsuit			
	if this claim relates to a nunity debt	Other (i	ncluding a right to offset)			
Date debt	was incurred	Las	t 4 digits of account number			
A -1 -1 41	d-llan	in Column A on	ship was a Maise shoet would be a barre	\$4.47.40C	00	
	the last page of your entries		this page. Write that number here:	\$147,186.		
	the last page of your form at number here:	auu ille uullar va	nue totais iroin an pages.	\$147,186.	00	

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Fill in	this inform	ation to identify your ca	ise:						
Debto	nr 1	Nicholas Allen Con	nor						
Dobto	<i>'</i> ' '	First Name	Middle N	lame	Last Name				
Debto	or 2	Karrina Danae Con	ner						
(Spouse	e if, filing)	First Name	Middle N	ame	Last Name				
United	d States Ban	kruptcy Court for the:	SOUTHERN	N DISTRICT OF	ILLINOIS				
Case (if know	number			_				_	heck if this is an mended filing
Offic	ial Form	106E/F							
Sch	edule E/	F: Creditors Wh	o Have	Unsecure	ed Claims				12/15
any exe Schedu Schedu left. Att	ecutory contrule G: Executule D: Credito ach the Continuous numerous	accurate as possible. Use acts or unexpired leases the ory Contracts and Unexpired in Securinuation Page to this page. It is the first the contract of the con	nat could resu ed Leases (O ed by Proper If you have r	ult in a claim. Al fficial Form 1060 rty. If more space no information to	so list executory of 6). Do not include e is needed, copy	contracts on S any creditors the Part you n	chedule A/B: Pro with partially se- eed, fill it out, nu	operty (Offici cured claims imber the en	al Form 106A/B) and on that are listed in tries in the boxes on the
		rs have priority unsecured							
	No. Go to Pa	. ,	Ciaiiiis agaiii.	st you!					
		art 2.							
L	Yes.								
Part 2	l ist All	of Your NONPRIORITY	Unsecured	l Claims					
		rs have nonpriority unsecu							
_	_		_	•		11			
	No. You nav	e nothing to report in this par	t. Submit this	form to the court v	with your other sche	edules.			
4. Lis	st all of your secured claim	nonpriority unsecured clain n, list the creditor separately for or holds a particular claim, list	or each claim.	. For each claim li	sted, identify what t	type of claim it	is. Do not list clair	ns already inc	luded in Part 1. If more
									Total claim
4.1	Apple C	ard		Last 4 digits of	account number				\$2,343.00
	Goldmai Lockbox	Creditor's Name n Sachs Bank 6 6112, PO Box 7247 phia, PA 19170-6112		When was the o	lebt incurred?				
		reet City State Zip Code		As of the date y	ou file, the claim i	is: Check all th	at apply		
	Who incur	red the debt? Check one.							
	☐ Debtor	1 only		☐ Contingent					
	☐ Debtor 2	2 only		☐ Unliquidated					
	Debtor	1 and Debtor 2 only		Disputed					
		one of the debtors and anoth	ner	-1	IORITY unsecure	d claim:			
		if this claim is for a commu		Student loans	S				
	debt	n subject to offset?			rising out of a sepa	aration agreem	ent or divorce that	you did not	
	■ No			☐ Debts to pen	sion or profit-sharin	ng plans, and o	ther similar debts		
	☐ Yes			Other. Specif	credit card				

Debto Debto	r 1 Nicholas Allen Conner r 2 Karrina Danae Conner	Case number (if known)	
4.2	Attorney James Lambert	Last 4 digits of account number	Unknown
	Nonpriority Creditor's Name 300 W. Main Marion, IL 62959	When was the debt incurred?	
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify attorney for Shonteaira Buchanan	
4.3	Avant	Last 4 digits of account number	\$2,974.00
	Nonpriority Creditor's Name 222 N. LaSalle Street Ste 1600 Chicago, IL 60601	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify cash loan	
4.4	Best Buy	Last 4 digits of account number	\$2,678.00
	Nonpriority Creditor's Name PO box 688911 Des Moines, IA 50368-8911	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
		Student loans	
	☐ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify credit card	
	_ 103	— Other, Specify	

	r 1 Nicholas Allen Conner r 2 Karrina Danae Conner	Case number (if known)			
4.5	Bleyer and Bleyer Law Firm	Last 4 digits of account number	\$0.00		
	Nonpriority Creditor's Name 601 W. Jackson Marion, IL 62959	When was the debt incurred?			
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply			
	☐ Debtor 1 only	☐ Contingent			
	Debtor 2 only	□ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	☐ Student loans			
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other. Specify Debtor's attorney in auto accident			
4.6	Capital One	Last 4 digits of account number	\$2,409.00		
	Nonpriority Creditor's Name P.O. Box 6492	When was the debt incurred?			
	Carol Stream, IL 60197				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	Contingent			
	Debtor 2 only	Unliquidated			
	Debtor 1 and Debtor 2 only	Disputed			
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community debt	☐ Student loans			
	Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	■ Other Specify credit card			
		Cities. Specify			
4.7	Comenity Capital Bank Nonpriority Creditor's Name	Last 4 digits of account number	\$829.00		
	PO Box 183003 Columbus, OH 43218-3003	When was the debt incurred?			
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply			
	Who incurred the debt? Check one.				
	Debtor 1 only	☐ Contingent			
	Debtor 2 only	☐ Unliquidated			
	■ Debtor 1 and Debtor 2 only	☐ Disputed			
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:			
	☐ Check if this claim is for a community	Student loans			
	debt	Obligations arising out of a separation agreement or divorce that you did not			
	Is the claim subject to offset?	report as priority claims			
	■ No	Debts to pension or profit-sharing plans, and other similar debts			
	Yes	Other. Specify credit card			

Debte Debte	or 1 Nicholas Allen Conner  Cr 2 Karrina Danae Conner	Case number (if known)	
4.8	Credit First NA/Plaza Tire	Last 4 digits of account number	\$1,499.00
	Nonpriority Creditor's Name PO BOX 81344 Cleveland, OH 44188-0344	When was the debt incurred?	. ,
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.9	Deaconess Illinois Specialty Clinic	Last 4 digits of account number	\$90.00
	Nonpriority Creditor's Name P.O. Box 14000	When was the debt incurred?	
	Belfast, ME 04915-4033  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify health care	
4.1 0	Heartland Regional Medical Center	Last 4 digits of account number	\$768.00
	Nonpriority Creditor's Name PO Box 631947 Cincipneti OH 45363 1047	When was the debt incurred?	
	Cincinnati, OH 45263-1947  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify health care	

Debt Debt	or 1 Nicholas Allen Conner or 2 Karrina Danae Conner	Case number (if known)	
4.1 1	Heartland Woman's Healthcare	Last 4 digits of account number	\$659.00
,	Nonpriority Creditor's Name 3408 Office Park Dr.	When was the debt incurred?	
	Marion, IL 62959  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify health care	
4.1	Home Depot	Last 4 digits of account number	\$4,817.00
	Nonpriority Creditor's Name PO Box 78011 Phoenix, AZ 85062-8011	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	
4.1 3	JPMorgan Chase Bank	Last 4 digits of account number	\$2,610.00
	Nonpriority Creditor's Name PO Box 29505	When was the debt incurred?	
	Phoenix, AZ 85038-9505  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	Chock an that apply	
	☐ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify credit card	

Debt Debt	or 1 Nicholas Allen Conner or 2 Karrina Danae Conner	Case number (if known)	
4.1 4	Key Bridge	Last 4 digits of account number	\$2,832.00
	Nonpriority Creditor's Name P.O. Box 1568	When was the debt incurred?	
	Lima, OH 45802  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify health care	
4.1 5	Massac Memorial Hosp	Last 4 digits of account number	\$2,715.00
	Nonpriority Creditor's Name PO Box 850 Metropolis, IL 62960	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify health care	
4.1 6	Menards/Capital One	Last 4 digits of account number	\$1,923.00
	Nonpriority Creditor's Name PO Box 4069	When was the debt incurred?	
	Carol Stream, IL 60197-4069		
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only		
	Debtor 2 only	Contingent	
	<u> </u>	Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:  ☐ Student loans	
	☐ Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify credit card	

Debtor 1 Debtor 2	Nicholas Allen Conner Karrina Danae Conner	Case number (if known)	
4.1	Quest Diagnostics	Last 4 digits of account number	\$929.00
F	Nonpriority Creditor's Name PO Box 740780	When was the debt incurred?	
N	Cincinnati, OH 45274-0780  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
[	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
I	Debtor 1 and Debtor 2 only	☐ Disputed	
[	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
[	☐ Check if this claim is for a community	☐ Student loans	
	lebt s the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ı	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
[	Yes	Other. Specify health care	
0   -	SIU Credit Union	Last 4 digits of account number	\$7,868.00
1	lonpriority Creditor's Name   217 West Main Street Carbondale, IL 62901	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
V	Vho incurred the debt? Check one.		
_	Debtor 1 only	☐ Contingent	
[	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	lebt s the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify cash loan	
4.1			44.050.00
9	Southern Illinois Healthcare	Last 4 digits of account number	\$1,858.00
F	Nonpriority Creditor's Name PO Box 219714 Kansas City, MO 64121-9714	When was the debt incurred?	
<u> </u>	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
V	Vho incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
[	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	lebt s the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
ı	No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
[	Yes	Other. Specify health care	

		Allen Conner anae Conner		Case nu	umber (if known)			
4.2 0	/al-Mart/Ca	apital One	Last 4 digits of account numb	er		\$462.00		
P	O Box 406	69	When was the debt incurred?					
Nu	umber Street	m, IL 60197-4069 City State Zip Code the debt? Check one.	As of the date you file, the cla	im is: Check	all that apply			
_	Debtor 1 onl		☐ Contingent					
	Debtor 2 onl	•						
_	_		☐ Unliquidated					
		d Debtor 2 only	☐ Disputed  Type of NONPRIORITY unsecu	rod claim:				
	_	of the debtors and another	Student loans	area ciaiiii.				
	」Check if thi ebt	s claim is for a community		oparation ag	reement or divorce that you did not			
		bject to offset?	report as priority claims	eparation ay	reement of divorce that you did not			
	No		☐ Debts to pension or profit-shape	aring plans, a	and other similar debts			
	] Yes		Other. Specify credit ca	rd				
Part 3:	List Others	s to Be Notified About a De	ebt That You Already Listed					
is trying have mo	to collect fro re than one c	m you for a debt you owe to s	about your bankruptcy, for a debt th omeone else, list the original credito at you listed in Parts 1 or 2, list the a or submit this page.	r in Parts 1	or 2, then list the collection agency	here. Similarly, if you		
Name and A	Address		On which entry in Part 1 or Part 2 did y Line <b>4.4</b> of ( <i>Check one</i> ):	on which entry in Part 1 or Part 2 did you list the original creditor? ine 4.4 of ( <i>Check one</i> ):				
PO Box				■ Part 2: Creditors with Nonpriority Unsecured Claims				
Louisvill	le, KY 402	90	Last 4 digits of account number		,,			
Name and	Address		On which entry in Part 1 or Part 2 did y	·	•			
CBNA PO Box	9001037		Line 4.12 of (Check one):					
	le, KY 402	90		■ Part 2: 0	Creditors with Nonpriority Unsecured	Claims		
			Last 4 digits of account number					
Name and			On which entry in Part 1 or Part 2 did					
PO Box	er Collect	ion Mgt	Line <b>4.11</b> of ( <i>Check one</i> ):		Creditors with Priority Unsecured Clai			
		MO 63043-6839		Part 2: 0	Creditors with Nonpriority Unsecured	Claims		
			Last 4 digits of account number					
Name and A			On which entry in Part 1 or Part 2 did y Line <b>4.9</b> of ( <i>Check one</i> ):		riginal creditor? Creditors with Priority Unsecured Clai	me		
	Highway 3	1N	ente <u>110</u> et (enterk ente).		Creditors with Nonpriority Unsecured			
Greenwo	ood, IN 46	142-3932	Last 4 digits of account number	— T alt 2. V	orealiors with Northholity offsecured	Ciairis		
5 / /								
Part 4:		mounts for Each Type of U		al raparting	nurnance only 20 H S C 84E0 Ad	d the emounts for each		
	insecured cla		aims. This information is for statistica	ai reporting		u the amounts for each		
	0-	Damastic summent abliquetion	_	0-	Total Claim			
Total	6a.	Domestic support obligation	19	6a.	\$	_		
claims	<u></u>	<b></b>		<u> </u>				
from Part 1	1 6b. 6c.	Taxes and certain other deb	ts you owe the government I injury while you were intoxicated	6b. 6c.	\$ 0.00	_		
	6d.	-	rinjury while you were intoxicated isecured claims. Write that amount here		\$ 0.00 \$ 0.00	_		
	ou.	an only un		53.	0.00	-		
	6e.	Total Priority. Add lines 6a th	rough 6d.	6e.	\$	-		
					Total Claim			
	6f.	Student loans		6f.	\$ 0.00			

Debtor 1 Nicholas Allen Conner  Debtor 2 Karrina Danae Conner			Case no	umber (if known)		
Total claims from Part 2	6g. 6h.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims  Debts to pension or profit-sharing plans, and other similar debts	6g. 6h.	\$ 	0.00	
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	40,263.00	
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	40,263.00	

#### Case 24-40235-lkg Doc 1 Filed 06/19/24 Page 30 of 57

Fill in this infor				
Debtor 1	Nicholas Allen Co	onner		
	First Name	Middle Name	Last Name	
Debtor 2	Karrina Danae Co	onner		
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		SOUTHERN DISTRICT	OF ILLINOIS	
Case number				
(if known)		_		☐ Check if this is amended filing

#### Official Form 106G

#### **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company with	whom you have th	e contract or lease	State what the contract or lease is for
2.1					
	Name				
	Number	Street			
	City		State	ZIP Code	
2.2					<u></u>
	Name				
	Number	Street			
	City		State	ZIP Code	<u> </u>
2.3	Oity		Otate	Zii Code	
	Name				
	Number	Street			_
	City		State	ZIP Code	<del></del>
2.4					
	Name				
	Number	Street			_
	City		State	ZIP Code	_
2.5					
	Name				
	Number	Street			
	City		State	ZIP Code	_

Fill in this i	information to identify your	case:			
Debtor 1	Nicholas Allen C	onner			
	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing	Karrina Danae Co	Onner Middle Name	Last Name		
	es Bankruptcy Court for the:	SOUTHERN DISTRICT			
Office Otale	oo barikraptoy Coart for the.		0		
Case number (if known)	er				☐ Check if this is an amended filing
	Form 106H ule H: Your Cod	ebtors			12/15
■ No □ Yes  2. Withit Arizona ■ No. ( □ Yes.	a, California, Idaho, Louisiana Go to line 3. Did your spouse, former spo	<b>J lived in a community pr</b> , Nevada, New Mexico, Pu use, or legal equivalent live	roperty state or territor lerto Rico, Texas, Wash e with you at the time?	<b>y?</b> ( <i>Community proper</i> ington, and Wisconsin.)	ty states and territories include )  ng with you. List the person shown
Form 1 out Col				6G). Use Schedule D,	he creditor on Schedule D (Official Schedule E/F, or Schedule G to fil editor to whom you owe the debt
	ame, Number, Street, City, State and Z	IP Code		Check all schedul	
3.1 N	lame			_ ☐ Schedule D, lir☐ Schedule E/F, ☐ Schedule G, lir	line
	lumber Street Sity	State	ZIP Code	_	
3.2 <sub>N</sub>	lame			_ ☐ Schedule D, lir ☐ Schedule E/F, ☐ Schedule G, lir	line
	lumber Street City	State	ZIP Code	_	

Official Form 106H Schedule H: Your Codebtors Page 1 of 1

Fill	in this information to	o identify your ca	ase:		
Del	otor 1	Nicholas All	en Conner		
	otor 2 buse, if filing)	Karrina Dan	ae Conner		
Uni	ted States Bankrup	tcy Court for the	: SOUTHERN DISTRIC	CT OF ILLINOIS	
	se number nown)				Check if this is:  An amended filing  A supplement showing postpetition chapter 13 income as of the following date:
0	fficial Form	<u> 1061</u>			MM / DD/ YYYY
S	chedule I: `	Your Inc	ome		12/1:
sup spo atta	plying correct info use. If you are sep ch a separate shee	rmation. If you arated and you	are married and not filing wi	ng jointly, and your spouse is li ith you, do not include informat	and Debtor 2), both are equally responsible for ving with you, include information about your ion about your spouse. If more space is needed, d case number (if known). Answer every question
1.	Fill in your emploinformation.	oyment		Debtor 1	Debtor 2 or non-filing spouse
	If you have more attach a separate information about	page with	Employment status	■ Employed  □ Not employed	<ul><li>■ Employed</li><li>□ Not employed</li></ul>
	employers.		Occupation	Lender	Stylist
	Include part-time, self-employed wo		Employer's name	Regions Bank	Burgs Hair Parlor
	Occupation may in or homemaker, if		Employer's address	Carbondale, IL 62901	West Frankfort, IL 62896

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

1.5 year

How long employed there?

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

iling spouse	non-			
1,380.00	\$	4,431.00	\$_	2.
0.00	+\$_	0.00	+\$_	3.
1,380.00	\$	4,431.00	\$	4.

For Debtor 1

1.5 years

For Debtor 2 or

Official Form 106l Schedule I: Your Income page 1

5a.       Tax, Medicare, and Social Security deductions       5a.       \$ 463.00       \$ 173.00         5b.       Mandatory contributions for retirement plans       5b.       \$ 0.00       \$ 0.00         5c.       Voluntary contributions for retirement plans       5c.       \$ 159.00       \$ 0.00         5d.       Required repayments of retirement fund loans       5d.       \$ 0.00       \$ 0.00         5e.       Insurance       5e.       \$ 696.00       \$ 0.00         5f.       Domestic support obligations       5f.       \$ 0.00       \$ 0.00         5g.       Union dues       5g.       \$ 0.00       \$ 0.00         5h.       Other deductions. Specify:       5h.+       \$ 0.00       \$ 0.00         6.       Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.       6.       \$ 1,318.00       \$ 173.00		tor 1 tor 2	Nicholas Allen Karrina Danae				Case n	umber ( <i>if k</i>	nown)	_			
Sea Tax, Medicare, and Social Security deductions  5a. Tax, Medicare, and Social Security deductions  5b. Mandatory contributions for retirement plans  5c. Noturiary contributions for retirement fund ioans  5c. Noturiary contributions for retirement fund ioans  5c. Noturiary contributions for retirement fund ioans  5c. Noturiary for federic federic federic for federic federi							For I	Debtor 1					
5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement fund loans 5c. Voluntary contributions for terminary contributions 5c. Voluntary contributions for the form for voluntary contributions for the form for voluntary contributions from an unmarried partner, members of your household, your dependents, your roommates, and content from contributions from an unmarried partner, members of your household, your dependents, your roommates, and content from our contributions from an unmarried partner, members of your household, your dependents, your roommates, and content from our contributions from an unmarried partner, members of your household, your dependents, your roommates, and content from our voluntary of Schedules and Statistical Summar		Cop	y line 4 here		4.		\$	4,43	1.00				
5.b. Mandatory contributions for retirement plans 5.c. \$ 159.00 \$ 0.00 5.d. Required repayments of retirement fund loans 5.d. S 0.00 \$ 0.00 5.d. Domestic support obligations 5.d. S 0.00 \$ 0.00 5.d. Domestic support obligations 5.d. S 0.00 \$ 0.00 5.d. Union dues 5.d. S 0.00 \$ 0.00 5.d. Union dues 5.d. S 0.00 \$ 0.00 5.d. Old the payroll deductions. Specify: 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,318.00 \$ 173.00 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 1,318.00 \$ 173.00 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. 7. \$ 3,113.00 \$ 1,207.00 8. List all other income regularly received: 8. Net income from rental property and from operating a business, posterior income from rental property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8.b. Interest and dividends 8.c. Family support payments that you, a non-filling spouse, or a dependent regular plane, and property settlement. 8.d. Unemployment compensation 8.d. S 0.00 \$ 0.00 8.0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add all other income. Add lines 8a+8b+8c+8d+8e+8l+8g+8h. 9. \$ 0.00 \$ 0.00 9. Add the mount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Specify: 11. +\$ 0.00  Combined monthly income. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. 14. Aja20.00  Combined monthly income. 15. Do you expect an increase or decrease wi	5.	List	all payroll deduct	ions:									
5c. Voluntary contributions for retirement plans 5c. Required repayments of retirement fund loans 5c. Se. 15c. 0.000 \$ 0.000 5c. Domestic support obligations 5c. Union dues 5c. Se. 0.000 \$ 0.000 5c. Domestic support obligations 5c. Volunting dues 5c. Add the payroll deductions. Apd lines 5a+5b+5c+5d+5e+5f+5e+5ch. 5c. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5e+5ch. 5c. Add the payroll deductions. 5c. Calculate total monthly take-home pay. Subtract line 6 from line 4. 5c. Calculate and lines 6a+5b+5c+5d+5e+5f+5e+5ch+5e+5f+5e+5ch. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 4. 5c. Calculate and lines 6a+beth for a section lines 6 from line 8 from lines 6 from line 6 from line 6 from line 8 from line 6 from line 8 from line 8 from line 6 from line 8 from line 6 from line 6 from line 8 from line 6 from li		5a.	Tax, Medicare, a	and Social Security deductions	5	a.	\$	46	3.00	\$	3	173.00	)
55. Required repayments of retirement fund loans 56. Insurance 57. Domestic support obligations 57. Domestic support obligations 58. Union dues 59. Union due		5b.	Mandatory cont	ributions for retirement plans	51	b.	\$		0.00	- \$	3	0.00	)
5e. Insurance  5f. Domestic support obligations  5f. S 0.00 \$ 0.00  5g. Union dues  5g. S 0.00 \$ 0.00  5h. Other deductions. Specify:  5h. 4 \$ 0.00 \$ 0.00  5h. Other deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  6. \$ 1,318.00 \$ 173.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,113.00 \$ 1,207.00  8. List all other income regularly received:  8a. Not income from rental property and from operating a business, profession, or farm Attach a statement for each property and from operating a business, profession, or farm Attach a statement for each property and thusiness showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. Social Security  8e. \$ 0.00 \$ 0.00  8. Social Security  8e. \$ 0.00 \$ 0.00  8. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  8pecify:  8p. Pension or retirement income  8g. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Specify:  8h. \$ 0.00 \$ 0.00  11. +\$ 1,207.00 = \$ 4,320.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income monthly income.  13. Do you expect an increase or decrease within the year after you file this form?		5c.	Voluntary contri	ibutions for retirement plans	50	c.	\$	159	9.00	- \$	5	0.00	)
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Sh. Other deductions. Specify:  6. Add the payroll deductions. Add lines 5a+5b+6c+5d+5e+5d+5e+5h.  6. \$ 1,318.00 \$ 173.00  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,113.00 \$ 1,207.00  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8d. \$ 0.00 \$ 0.00  8d. \$ 0.00 \$ 0.00  8e. Social Security  8f. Other government assistance that you regularly receive include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$ 0.00 \$ 0.00  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  11. ★\$ 0.00  12. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  13. Do you expect an increase or decrease within the year after you file this form?			• • • • • • • • • • • • • • • • • • • •	ort obligations			· —				<u> </u>		
6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5d+5e+5f+5g+5h.  7. Calculate total monthly take-home pay. Subtract line 6 from line 4.  7. \$ 3,113.00 \$ 1,207.00  8. List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filling spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. Unemployment compensation  8e. \$ 0.00 \$ 0.00  8e. Social Security  8e. \$ 0.00 \$ 0.00  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsides.  8g. Pension or retirement income  8g. \$ 0.00 \$ 0.00  8g. Pension or retirement income  8h. Other monthly income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  9. Add all other income. Add line 7 + line 9.  10. Calculate monthly income. Add line 7 + line 9.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  2. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 12.  8. 4,320.00  8. Combined monthly income.		-		• "			· —			_			_
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8b. Interest and dividends 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8c. \$ 0.00 \$ 0.00  8d. Unemployment compensation 8d. \$ 0.00 \$ 0.00  8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: 8f. \$ 0.00 \$ 0.00  8g. Pension or retirement income 8g. \$ 0.00 \$ 0.00  8h. Other monthly income. Specify: 8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies No.	8.		Net income from profession, or fa Attach a stateme receipts, ordinary	n rental property and from operating a busing arm nt for each property and business showing gross or and necessary business expenses, and the tot	s al	a.	\$		0.00	9	3	0.00	1
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income  8g. \$0.00 \$0.00  8g. Pension or retirement income  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Lilabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?		8b.	•				·			_ `			
8e. Social Security 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8g. \$0.00 \$0.00  8h. Other monthly income. Specify:  8h. \$0.00 \$0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$0.00 \$0.00  10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.		8c.	regularly receive Include alimony,	e spousal support, child support, maintenance, div	vorce	c.	\$			-	3		_
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8f. \$ 0.00 \$ 0.00  8g. Pension or retirement income 8h. Other monthly income. Specify:  8h. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.  Do you expect an increase or decrease within the year after you file this form?		8d.	Unemployment	compensation	80	d.	\$		0.00	\$	3	0.00	)
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  8g. Pension or retirement income 8h. Other monthly income. Specify:  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filling spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  No.			•		86	e.	\$		0.00	- \$	S	0.00	)
8h. Other monthly income. Specify:  8h. \$ 0.00 + \$ 0.00  Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12. \$ 4,320.00 Combined monthly income.  No.			Include cash ass that you receive, Nutrition Assistar Specify:	istance and the value (if known) of any non-cash such as food stamps (benefits under the Supplence Program) or housing subsidies.	emental 81					- :			
9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. \$ 0.00 \$ 0.00  10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J.  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it  applies  Combined monthly income  No.		-				_	· —			_			_
10. Calculate monthly income. Add line 7 + line 9.  Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> .  Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> .  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the <i>Summary of Schedules</i> and <i>Statistical Summary of Certain Liabilities</i> and Related <i>Data</i> , if it applies  Do you expect an increase or decrease within the year after you file this form?  No.		OII.					Ψ		0.00	_ ' _	<u>'</u>	0.00	<u></u>
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	9.	Add	l all other income.	Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	.	\$		0.00	\$	S	0.0	00
Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  Combined monthly income  13. Do you expect an increase or decrease within the year after you file this form?  No.	10.	Calo	culate monthly inc	ome. Add line 7 + line 9.	10.	\$	3	.113.00	+ \$		1.207.00	= \$	4.320.00
Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00  12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.  Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  13. Do you expect an increase or decrease within the year after you file this form?  No.			-			· -		,	'		1,201100		.,0_0.00
Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it applies  12.   4,320.00  Combined monthly income  No.	11.	Incluothe Other	ude contributions from er friends or relatives not include any amo	om an unmarried partner, members of your hous s.	sehold, your dep			•		-	n <i>Schedul</i>	_	0.00
13. Do you expect an increase or decrease within the year after you file this form?  ■ No. monthly income	12.	Writ	e that amount on th								it		
	13.		•	ease or decrease within the year after you fil	e this form?								

							•				
	in this informa	tion to identify yo	our case:								
Deb	Nicholas Allen Conner				Check if this is:						
	otor 2 Karrina Danae Conner ouse, if filing)					☐ An amended filing ☐ A supplement showing postpetition chapter 13 expenses as of the following date:					
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF ILLINOIS							MM / DD / YYYY				
	e number nown)										
Of	fficial Fo	rm 106J									
Sc	chedule	J: Your I	Expen	ses						12/1	
Be a	as complete a ormation. If m nber (if know	and accurate as ore space is ned n). Answer ever	possible. eded, atta y question	If two married people ch another sheet to t							
Pari	t 1: Descr Is this a joir	ibe Your House nt case?	hold								
	□ No. Go to										
	Yes. Doe	s Debtor 2 live i	n a separ	ate household?							
	■ N □ Y	_	st file Offici	al Form 106J-2, <i>Exper</i>	nses for Sepa	rate Hous	ehold of D	ebto	r 2.		
2.	Do you have	e dependents?	□ No								
	Do not list Debtor 1 and Yes Fill out this is		Fill out this information for each dependent	•			_	Dependent's age	Does dependent live with you?		
	Do not state dependents					1	□ No ■ Yes				
					son				2	□ No ■ Yes	
										□ No □ Yes □ No □ Yes	
3.	expenses of	penses include f people other the d your depender	<sup>han</sup> □	No Yes						_ 163	
exp	imate your ex		our bankrı	uptcy filing date unles						apter 13 case to report If the form and fill in the	
the		n assistance and		government assistan luded it on <i>Schedule</i>					Your exp	enses	
4.		or home owners		ses for your residence r lot.	<b>ce.</b> Include fir	st mortgag	je 4.	\$		1,006.00	
		led in line 4:	-								
							4-	¢		0.00	
		estate taxes rty, homeowner's	s, or renter	's insurance			4a. 4b.			0.00 0.00	
		•		pkeep expenses			4c.			200.00	
_		owner's associat					4d.			0.00	
5.	Additional r	nortgage payme	ents for yo	our residence, such as	s home equity	/ loans	5.	\$		0.00	

Debtor 1 Debtor 2			S Allen Conner Danae Conner	Case number (if known)			
6.	Utilit 6a.		, heat, natural gas	6a.	\$	210.00	
	6b.		wer, garbage collection	6b.		65.00	
	6c.		e, cell phone, Internet, satellite, and cable services	6c.		0.00	
	6d.	•	ecify: cell phone	6d.	·	375.00	
	ou.	internet	cen priorie	00.	\$	60.00	
		trash		_	\$	23.00	
			ntrol contract	_	\$	40.00	
			ental contracts	_	\$	50.00	
7.	Food		ekeeping supplies	_ <sub>7.</sub>	\$	600.00	
7. 8.			children's education costs	8.	\$	400.00	
9.			lry, and dry cleaning	9.	\$	150.00	
		-	oroducts and services	9. 10.			
		•			·	120.00	
11.			ntal expenses	11.	\$	100.00	
12.			. Include gas, maintenance, bus or train fare. ar payments.	12.	\$	600.00	
13			clubs, recreation, newspapers, magazines, and books	13.	·	200.00	
			ributions and religious donations	14.	· -	0.00	
		rance.	inbutions and rengious donations	17.	Ψ	0.00	
15.			nsurance deducted from your pay or included in lines 4 or 20.				
		Life insura	, , ,	15a.	\$	0.00	
		Health ins		15b.		0.00	
		Vehicle in		15c.		115.00	
			urance. Specify:	15d.		0.00	
16			nclude taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00	
	Spec	cify:	• • •	16.	\$	0.00	
17.			ease payments:	4-	•		
			ents for Vehicle 1	17a.	·	0.00	
			ents for Vehicle 2	17b.		0.00	
		Other. Spe		17c.		0.00	
		Other. Spe	·	17d.	\$	0.00	
18.			of alimony, maintenance, and support that you did not report as	10	¢	0.00	
40			your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$ ——		
19.			s you make to support others who do not live with you.	40	<b>a</b>	0.00	
20	Spec	, <u> </u>	erty expenses not included in lines 4 or 5 of this form or on Sched	19.	Incomo		
20.			s on other property	20a.		0.00	
		Real estat		20b.	·	0.00	
			homeowner's, or renter's insurance	20c.	· <u> </u>	0.00	
			nce, repair, and upkeep expenses	20d.	·	0.00	
				20d. 20e.	·		
24			ner's association or condominium dues	20e. 21.		0.00	
21.	Otne	er: Specify:	pet care		+\$	125.00	
22.	Calc	ulate your	monthly expenses				
	22a.	Add lines 4	through 21.		\$	4,439.00	
	22b.	Copy line 2	2 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	•	
			a and 22b. The result is your monthly expenses.		\$	4,439.00	
		rida iirio EE	a and 225. The result is your morning expenses.			4,400.00	
23.			monthly net income.				
			12 (your combined monthly income) from Schedule I.	23a.	·	4,320.00	
	23b.	Copy your	r monthly expenses from line 22c above.	23b.	-\$	4,439.00	
	23c.		our monthly expenses from your monthly income.	23c.	\$	-119.00	
		The result	is your monthly net income.	230.	Ψ	113.00	
24.	For ex modif	xample, do yo ication to the	an increase or decrease in your expenses within the year after you ou expect to finish paying for your car loan within the year or do you expect your meterms of your mortgage?			crease or decrease because of a	
■ No.							
	☐ Ye	es.	Explain here:				

Fill in this info	rmation to identify your	case:				
Debtor 1	Nicholas Allen Co	Nicholas Allen Conner				
	First Name	Middle Name	Last Name			
Debtor 2	Karrina Danae Co	onner				
(Spouse if, filing)	First Name	Middle Name	Last Name			
United States B	sankruptcy Court for the:	SOUTHERN DISTRICT	OF ILLINOIS			
Case number						
(if known)				☐ Check if this is an		
				amended filing		
Official For	m 106Dec					
Declara	tion About a	n Individual	<b>Debtor's Schedule</b>	<b>es</b> 12/15		
years, or both.	ey or property by fraud ir 18 U.S.C. §§ 152, 1341, 1 gn Below		rruptcy case can result in fines up to	\$250,000, or imprisonment for up to 20		
Did you p	ay or agree to pay some	one who is NOT an atto	ney to help you fill out bankruptcy fo	rms?		
■ No						
☐ Yes.	☐ Yes. Name of person  Attach Bankruptcy Petition Prep  Declaration, and Signature (Offi					
	alty of perjury, I declare re true and correct.	that I have read the sum	mary and schedules filed with this de	eclaration and		
X /s/ Nic	cholas Allen Conner		X /s/ Karrina Danae Con	ner		
Nicho	olas Allen Conner		Karrina Danae Conner	r		
Signati	ure of Debtor 1		Signature of Debtor 2			
Data	luna 10, 2024		Data June 10 2024			

HI	in this inform	nation to identify your	case.			
	btor 1	Nicholas Allen C				
20		First Name	Middle Name	Last Name		
	btor 2 buse if, filing)	Karrina Danae C	onner Middle Name	Last Name		
		nkruptcy Court for the:	SOUTHERN DISTRICT (	OF ILLINOIS		
Co	se number					
_	nown)					check if this is an
					a	mended filing
	ficial Fo	-				
St	atement	of Financial	Affairs for Individ	duals Filing for B	ankruptcy	04/22
					equally responsible for sup additional pages, write you	
		n). Answer every ques		this form. On the top of any	, additional pages, write you	ii iiailie aliu case
Pai	rt 1: Give D	Details About Your Ma	rital Status and Where You	ı Lived Before		
1.	What is you	r current marital statu	s?			
	_					
	<ul><li>■ Married</li><li>□ Not mar</li></ul>					
2	During the I	ast 3 years, have you	lived anywhere other than	where you live now?		
-	_	ust o years, nave you	iived dilywiicie other than	where you live how.		
	■ No □ Yes. Lis	et all of the places you li	wed in the last 3 years. Do n	ot include where you live now	,	
		st all of the places you in	·	ŕ		5. 5
	Debtor 1:		Dates Debtor 1 lived there	Debtor 2 Prior Ad	dress:	Dates Debtor 2 lived there
3.	Within the la	ast 8 years, did you ev	ver live with a spouse or leg	gal equivalent in a commun	ity property state or territory	? (Community property
stat					co, Texas, Washington and W	
	■ No					
	☐ Yes. Ma	ake sure you fill out <i>Sch</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Pai	rt 2 Explai	in the Sources of You	r Income			
4.	Fill in the tota	al amount of income you	u received from all jobs and	all businesses, including part-		ndar years?
	If you are filir	ng a joint case and you	have income that you receiv	e together, list it only once ur	der Debtor 1.	
	□ No					
	Yes. Fil	I in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
		of current year untiled for bankruptcy:	■ Wages, commissions, bonuses, tips	\$22,154.00	■ Wages, commissions, bonuses, tips	\$6,898.00
			☐ Operating a business		☐ Operating a business	

		icholas Allen ( arrina Danae (			Cas	se number (if known)		
			Dah	4a. 4		Dobtor 2		
			Sou	tor 1 rces of income ck all that apply.	Gross income (before deductions and exclusions)	Sources of inc Check all that a		Gross income (before deductions and exclusions)
			Vages, commissions, uses, tips	■ Wages, combonuses, tips	nmissions,	\$6,211.00		
				perating a business		☐ Operating a	business	
		dar year before December 31, 2	2022 \ <b>—</b> V	Vages, commissions, uses, tips	\$53,284.00	■ Wages, combonuses, tips	ımissions,	\$11,822.00
				perating a business		Operating a	business	
	winnings.  List each  No	If you are filing a	joint case and	you have income that y	rest; dividends; money colle you received together, list it tely. Do not include income	only once under D	ebtor 1.	o gambing and lottery
				tor 1 rces of income cribe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of inc Describe below		Gross income (before deductions and exclusions)
Pari	lie	t Cortain Bayma	ents Vou Mada	Before You Filed for	,			
6.	□ No.	Neither Debto individual prima  During the 90 of No. Go Yes Lis pa no * Subject to ac  Debtor 1 or De During the 90 of No. Go  We have the parameter of the par	r 1 nor Debtor arily for a perso days before you to line 7. It below each c id that creditor. It include payme djustment on 4/ ebtor 2 or both days before you to line 7. It below each c clude payments	real, family, or househo i filed for bankruptcy, di reditor to whom you pai Do not include paymer ents to an attorney for the 01/25 and every 3 year in have primarily consu- i filed for bankruptcy, di reditor to whom you pai	Imer debts. Consumer debtld purpose."  d you pay any creditor a total d a total of \$7,575* or more atts for domestic support oblinis bankruptcy case. s after that for cases filed or	al of \$7,575* or mo in one or more pay gations, such as ch or after the date of al of \$600 or more? Indeed the total amount	ore?  yments and the control of adjustment or control of adjustment or control of a djustment or	ne total amount you nd alimony. Also, do
	Creditor	's Name and Ad	dress	Dates of payme	ent Total amount	Amount you still owe	Was this p	payment for
	PO Box	ik Home Mortg 790415 ouis, MO 6317	. <del>-</del>	monthly \$109		\$113,000.00	■ Mortgaç □ Car □ Credit 0 □ Loan Ro □ Supplie	Card

	btor 1 Nicholas Allen Conner btor 2 Karrina Danae Conner		Cas	se number (if know	n)	
					·	
7.	Within 1 year before you filed for bankrupte <i>Insiders</i> include your relatives; any general pa of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony.	rtners; relatives of any gen- control, or owner of 20% of	eral partners; partner r more of their voting	erships of which g g securities; and	ou are a general any managing ag	partner; corporation gent, including one fo
	■ No					
	Yes. List all payments to an insider.		<b>-</b>			
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		his payment
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos		ments or transfer a	any property on	account of a de	bt that benefited ar
	_					
	No					
	☐ Yes. List all payments to an insider					
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe		his payment tor's name
Pa	rt 4: Identify Legal Actions, Repossession	ns, and Foreclosures				
_						
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes.					
	□ No					
	Yes. Fill in the details.					
	Case title	Nature of the case	Court or onenov		Status of the	
	Case number	Nature of the case	Court or agency		Status of the	e Case
	Arnold Saylor vs. Debtor 24-LA-38	Auto accident	Williamson Co Court Marion, IL 6295	-	☐ Pending ☐ On appea ☐ Conclude	
10.	Within 1 year before you filed for bankrupte. Check all that apply and fill in the details below  No. Go to line 11.  Yes. Fill in the information below.		rty repossessed, f	oreclosed, garr	ished, attached	, seized, or levied?
	Creditor Name and Address	Describe the Property		Dat	е	Value of the
		Explain what happened				property
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec  ■ No □ Yes. Fill in the details.		uding a bank or fir	nancial institutio	on, set off any a	mounts from your
	Creditor Name and Address	Describe the action the	creditor took	Dat tak	e action was	Amoun
12.	Within 1 year before you filed for bankrupte court-appointed receiver, a custodian, or a  ■ No □ Yes		rty in the possess			fit of creditors, a

Case 24-40235-lkg Doc 1 Filed 06/19/24 Page 40 of 57 Debtor 1 Nicholas Allen Conner Debtor 2 Karrina Danae Conner Case number (if known) Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? ☐ Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed **Charity's Name** Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. ☐ No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You LAW OFFICE OF BRAD OLSON **Attorney Fees** 3/6/24 \$900.00 101 East DeYoung The delay in Marion, IL 62959 filing was due bradolson@bradolsonlaw.com to Debtors

inability to get off work and to gather the information needed to file.

17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16.

Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of Address transferred or transfer was payment made

	otor 1 Nicholas Allen Conner Karrina Danae Conner				Case num	nber (if known)	
i	transferred in the ordinary course of Include both outright transfers and transinclude gifts and transfers that you have No Yes. Fill in the details.	nsfers made a	as security (such as ted on this statemen	the granting of a			
	Person Who Received Transfer Address  Person's relationship to you		Description and property transfer		paym	ibe any property or ents received or debts n exchange	Date transfer was made
!	Within 10 years before you filed for beneficiary? (These are often called a No ☐ Yes. Fill in the details.			ny property to	a self-settle	d trust or similar device	e of which you are a
	Name of trust		Description and	value of the pro	operty trans	sferred	Date Transfer was made
Part	t 8: List of Certain Financial Acco	unts Instru	ments Safe Denosi	it Boxes, and S	Storage Unit	te	mado
:   	Within 1 year before you filed for ba sold, moved, or transferred? Include checking, savings, money in houses, pension funds, cooperative No  Yes. Fill in the details.	narket, or ot	her financial accou	ınts; certificate	s of deposi		
	Name of Financial Institution and Address (Number, Street, City, State and Zit Code)			Type of account or instrument		Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
	Regions Bank	XX	xx-	☐ Checking ■ Savings ☐ Money Ma ☐ Brokerage ☐ Other		March 2024	\$0.00
•	Do you now have, or did you have we cash, or other valuables?  No Yes. Fill in the details.	vithin 1 year	before you filed fo	r bankruptcy, a	any safe de	posit box or other depo	sitory for securities,
	Name of Financial Institution Address (Number, Street, City, State and Zi	P Code)	Who else had acc Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?
22.	Have you stored property in a stora	ge unit or pl	ace other than you	r home within	1 year befo	re you filed for bankrup	tcy?
	■ No □ Yes. Fill in the details.						
	Name of Storage Facility Address (Number, Street, City, State and Zit	P Code)	Who else has or to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?

	otor 1 otor 2			Ca	ase number ( <i>if known</i> )	
Pai	t 9:	Identify Property You Hold or Control for	Someone Else			
23.		ou hold or control any property that someo comeone.	ne else owns? Include any prope	rty y	you borrowed from, are storing fo	r, or hold in trust
		No Yes. Fill in the details.				
		ner's Name dress (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	De	escribe the property	Value
Pai	t 10:	Give Details About Environmental Informa	ation			
For	the p	surpose of Part 10, the following definitions	apply:			
	toxi	ironmental law means any federal, state, or c substances, wastes, or material into the a llations controlling the cleanup of these sub	ir, land, soil, surface water, groun	_	•	
		means any location, facility, or property as wn, operate, or utilize it, including disposal	•	law	, whether you now own, operate,	or utilize it or used
		ardous material means anything an environ ardous material, pollutant, contaminant, or s		s wa	aste, hazardous substance, toxic	substance,
Rep	ort a	ll notices, releases, and proceedings that yo	ou know about, regardless of whe	n th	ey occurred.	
24.	Has	any governmental unit notified you that you	ı may be liable or potentially liable	e un	der or in violation of an environm	ental law?
		No Yes. Fill in the details.				
		ne of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State an ZIP Code)	nd	Environmental law, if you know it	Date of notice
25.	Hav	e you notified any governmental unit of any	release of hazardous material?			
		No Yes. Fill in the details.				
		ne of site dress (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	nd	Environmental law, if you know it	Date of notice
26.	Hav	e you been a party in any judicial or adminis	strative proceeding under any env	/iron	nmental law? Include settlements	and orders.
		No Yes. Fill in the details.				
		se Title se Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Na	ature of the case	Status of the case
Pai	t 11:	Give Details About Your Business or Con	nections to Any Business			
27.	With	nin 4 years before you filed for bankruptcy, o	did you own a business or have a	ny o	of the following connections to an	y business?
		☐ A sole proprietor or self-employed in a t	rade, profession, or other activity	, eit	her full-time or part-time	
		☐ A member of a limited liability company	(LLC) or limited liability partnersh	nip (	LLP)	
		☐ A partner in a partnership				
		☐ An officer, director, or managing execut	ive of a corporation			
		An owner of at least 5% of the voting or	equity securities of a cornoration	,		

	icholas Allen Conner arrina Danae Conner		Cas	e number (if known)
_	None of the above applies. Go to		elow for each business.	
Busine: Addres	ss Name	Describe the na	ature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
institutio	years before you filed for bankrup ons, creditors, or other parties. s. Fill in the details below.	tcy, did you give	a financial statement to an	yone about your business? Include all financial
Name Addres (Number,	S Street, City, State and ZIP Code)	Date Issued		
are true and with a bankro		a false statement,	concealing property, or ob	eclare under penalty of perjury that the answers staining money or property by fraud in connection rs, or both.
	s Allen Conner Ilen Conner Debtor 1	Karrin	rrina Danae Conner a Danae Conner ure of Debtor 2	
Date June	e 19, 2024	Date	June 19, 2024	
Did you attac ■ No □ Yes	th additional pages to Your Statem	ent of Financial A	Affairs for Individuals Filing	for Bankruptcy (Official Form 107)?
■ No	or agree to pay someone who is no	·		

Fill in this infor	rmation to identify your case:		
Debtor 1	Nicholas Allen Conner		
	First Name Middle Name	Last Name	
Debtor 2	Karrina Danae Conner		
(Spouse if, filing)	First Name Middle Name	Last Name	
United States B	ankruptcy Court for the: SOUTHERN DI	STRICT OF ILLINOIS	
Case number (if known)			☐ Check if this is an amended filing
Official Fo		ividuals Filing Under Chapte	r <b>7</b> 12/15
	dividual filing under chapter 7, you must	fill out this form if:	
	ve claims secured by your property, or		
You must file th	ever is earlier, unless the court extends	not expired. er you file your bankruptcy petition or by the date set the time for cause. You must also send copies to the	
	eople are filing together in a joint case, ind date the form.	both are equally responsible for supplying correct in	formation. Both debtors must
	and accurate as possible. If more space your name and case number (if known).	is needed, attach a separate sheet to this form. On t	he top of any additional pages,
Part 1: List Y	Our Creditors Who Have Secured Claim	S	
1. For any credi information b		D: Creditors Who Have Claims Secured by Property	(Official Form 106D), fill in the
	reditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's	Harley Davidson Credit	■ Surrender the property.	■ No
name:		☐ Retain the property and redeem it.	<b></b>
Description of	f 2019 Harley Davidson Sportster	Retain the property and enter into a	☐ Yes
property		Reaffirmation Agreement.  Retain the property and [explain]:	
securing debt	t:		_
Ougalitania (	0111 One die Herieu	_	_
	SIU Credit Union	Surrender the property.	■ No
name:		Retain the property and redeem it.	☐ Yes
Description of	f 2019 Avenger Camper	☐ Retain the property and enter into a Reaffirmation Agreement.	<b>—</b> 163
property securing debt	34' pull behind camper	Retain the property and [explain]:	-
Creditor's	US Bank Home Mortgage	☐ Surrender the property.	□ No
name:		☐ Retain the property and redeem it.	
		Retain the property and enter into a	■ Yes

Description of 602 S. Future St. Marion, IL

62959 Williamson County

Reaffirmation Agreement.

Debtor			nae Conner			Case number (if known)	
20010.		arrina Da	nac conner				
	perty		dence	☐ Retain the p	orope	erty and [explain]:	
secu	uring de		e bedroom, two bath, 1300 are foot home on one city				
			vith shed				_
Part 2:	Lis	t Your Und	expired Personal Property Lease	es			
For any	y unex	pired pers	onal property lease that you list	ed in Schedule G: I Unexpired leases a	ire le	eases that are still in effect; th	d Leases (Official Form 106G), fill e lease period has not yet ended. 2).
Descr	ibe yοι	ur unexpir	ed personal property leases				Will the lease be assumed?
	r's nam						□ No
Descri Proper		f leased					☐ Yes
Lococi	r's nam	0.					
Descri	ption of	e. f leased					□ No
Proper	rty:						☐ Yes
	r's nam						□ No
Proper	•	f leased					☐ Yes
Lessor	r's nam	e.					□ No
	ption of	f leased					
riopei	ıty.						☐ Yes
	r's nam	e: f leased					□ No
Proper	•	ricasca					☐ Yes
Lessor	r's nam	e:					□ No
Descri Proper	•	f leased					☐ Yes
·							L Tes
	r's nam ption of	e: f leased					□ No
Proper	rty:						☐ Yes
Part 3:	Sig	ın Below					
Under	penalty	y of perjur	y, I declare that I have indicated	my intention abou	t any	property of my estate that se	cures a debt and any personal
proper	ty that	is subject	to an unexpired lease.				
			en Conner	X		Karrina Danae Conner	
		as Allen ( e of Debto				rrina Danae Conner nature of Debtor 2	
_				5		1 40 .000 1	
D	ate	June 19	9, 2024	Dat	e	June 19, 2024	

Fill in this infor	mation to identify your case:						rected	in this form and in	Form
Debtor 1	Nicholas Allen Conner			122	A-1S	upp:			
Debtor 2 (Spouse, if filing)	Karrina Danae Conner			•	<b>■</b> 1. <sup>-</sup>	There is no presu	ımptior	n of abuse	
	Bankruptcy Court for the: Southern District of	f Illinoi	is	[			ade ur	mine if a presump nder <i>Chapter 7 Me</i> rm 122A-2).	
Case number (if known)				_     [	₃. ٦	he Means Test	does n	ot apply now beca e but it could appl	
					⊐ Cr	eck if this is a	n ame	nded filing	·
Official F	orm 122A - 1							· ·	
Chapter	7 Statement of Your Cur	ren	t Mor	nthly Inc	om	е			12/19
attach a separat case number (if qualifying milita	and accurate as possible. If two married people a e sheet to this form. Include the line number to w known). If you believe that you are exempted fror ry service, complete and file <i>Statement of Exemp</i> alculate Your Current Monthly Income	hich th n a pre	e addition sumption	nal information a of abuse because	pplies	. On the top of an	y addit arily co	ional pages, write y onsumer debts or b	your name and because of
1. What is y	our marital and filing status? Check one on	ly.							
☐ Not m	arried. Fill out Column A, lines 2-11.								
■ Marrie	ed and your spouse is filing with you. Fill ou	t both	Columns	A and B, lines	2-11.				
☐ Marrie	ed and your spouse is NOT filing with you.	You aı	nd your s	spouse are:					
☐ Livi	ing in the same household and are not lega	lly sep	oarated. I	Fill out both Col	umns	A and B, lines 2	-11.		
pe	ing separately or are legally separated. Fill on alty of perjury that you and your spouse are leading apart for reasons that do not include evading	gally	separated	l under nonbanl	krupto	y law that applie	s or th		
101(10A). Fo the 6 months	erage monthly income that you received from all a rexample, if you are filing on September 15, the 6-m add the income for all 6 months and divide the total the same rental property, put the income from that p	onth pe by 6. Fi	riod would	be March 1 throu sult. Do not includ	gh Au e any	gust 31. If the amo income amount mo	unt of yore than	our monthly income once. For example,	varied during if both
					Colui Debt		Debt	mn B or 2 or filing spouse	
	ss wages, salary, tips, bonuses, overtime, aductions).	and co	ommissio	ons (before all	\$	4,431.00	\$	1,380.00	
Column E	<b>and maintenance payments.</b> Do not include B is filled in.	. ,		·	\$	0.00	\$	0.00	
of you or from an u and room	Ints from any source which are regularly par ryour dependents, including child support. Inmarried partner, members of your household Imates. Include regular contributions from a sp Oo not include payments you listed on line 3.	Includ , your	de regular dependei	contributions nts, parents,	\$	0.00	\$	0.00	
	me from operating a business, profession,	or farr	n						
				tor 1					
	ceipts (before all deductions)	\$_	0.00						
,	and necessary operating expenses	<b>-</b> \$ _	0.00	Comultona	<del>ሰ</del>	0.00	œ.	0.00	
	hly income from a business, profession, or farr	n \$ _	0.00	Copy here ->	<b>—</b>	0.00	\$	0.00	
6. Net inco	me from rental and other real property		Deh	tor 1					
Gross red	ceints (before all deductions)	\$	0.00	tor I					

Gross receipts (before all deductions)

7. Interest, dividends, and royalties

Ordinary and necessary operating expenses

Net monthly income from rental or other real property

-\$

\$

0.00

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

0.00

0.00

Debto				Case numbe	r ( <i>if known</i> )			
				Column A Debtor 1		Column B Debtor 2 c		
8.	Unemployment compensation			\$	0.00	\$	0.00	
	Do not enter the amount if you contend that the amount he Social Security Act. Instead, list it here:		t under					
	For you\$	0.0	00					
	For your spouse \$	0.0						
	Pension or retirement income. Do not include any and benefit under the Social Security Act. Also, except as a not include any compensation, pension, pay, annuity, of United States Government in connection with a disability disability, or death of a member of the uniformed service pay paid under chapter 61 of title 10, then include that does not exceed the amount of retired pay to which you if retired under any provision of title 10 other than chapter 10 other 10 other than chapter 10 other than chapter 10 other 10 o	nount received that was tated in the next senten or allowance paid by the ty, combat-related injuries. If you received any pay only to the extent the would otherwise be enter 61 of that title.	y or retired nat it	\$	0.00	\$	0.00	
10.	Income from all other sources not listed above. Sp Do not include any benefits received under the Social seceived as a victim of a war crime, a crime against hur domestic terrorism; or compensation pension, pay, an United States Government in connection with a disability disability, or death of a member of the uniformed services ources on a separate page and put the total below	Security Act; payments manity, or international nuity, or allowance paid ty, combat-related injury	or by the y or					
	·		_	\$	0.00	\$	0.00	
				\$	0.00	\$	0.00	
	Total amounts from separate pages, if any.		+	\$	0.00	\$	0.00	
11.	Calculate your total current monthly income. Add line each column. Then add the total for Column A to the total for Column B total	tal for Column B.	\$	1,431.00	+ \$	1,380.00	Total of incom	5,811.00
12	Calculate your current monthly income for the year							
12.	12a. Copy your total current monthly income from line	•		Сор	y line 11 l	here=>	\$	5,811.00
	Multiply by 12 (the number of months in a year)						<b>X</b>	12
	12b. The result is your annual income for this part of the	e form				12t	p. \$	69,732.00
13.	Calculate the median family income that applies to	you. Follow these steps	s:					
	Fill in the state in which you live.	IL						
	Fill in the number of people in your household.	4						
	Fill in the median family income for your state and size To find a list of applicable median income amounts, go for this form. This list may also be available at the bank	online using the link sp	ecified i	n the separa	ate instruc	13. ctions	\$1	25,022.00
14.	How do the lines compare?							
	14a. Line 12b is less than or equal to line 13. C Go to Part 3. Do NOT fill out or file Official	Form 122A-2.						
	14b. Line 12b is more than line 13. On the top of Go to Part 3 and fill out Form 122A–2.	of page 1, check box 2,	The pre	sumption of	f abuse is	determined b	y Form 12	22A-2.
Part	3: Sign Below							
	By signing here, I declare under penalty of perjury	that the information on	this sta	tement and	in any atta	achments is t	rue and c	orrect.
	X /s/ Nicholas Allen Conner	X /s	s/ Karri	na Danae	Conner			
	Nicholas Allen Conner			Danae Co				

**Nicholas Allen Conner** 

Debloi i	Nicholas Allen Conner Karrina Danae Conner		Case number (if known)	
	Signature of Debtor 1		Signature of Debtor 2	
Dat	e June 19, 2024	Date	June 19, 2024	
	MM / DD / YYYY		MM / DD / YYYY	
	If you checked line 14a, do NOT fill out or file Form 122A-2.			
	If you checked line 14b, fill out Form 122A-2 and file it with this	form.		

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

## The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter	<b>7</b> :	Liquidation
\$	245	filing fee
	\$78	administrative fee
+	\$15	trustee surcharge
\$	338	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their non-exempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

\$571 administrative fee

\$1,738 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

## Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$78	administrative fee
	\$278	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$78	administrative fee
	\$313	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/forms/bankruptcy-forms

### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

## Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/services-forms/bankruptcy/cre">http://www.uscourts.gov/services-forms/bankruptcy/cre</a> dit-counseling-and-debtor-education-courses.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Southern District of Illinois

In re	Nicholas Allen Conner Karrina Danae Conner		Case No		
		Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPE	ENSATION OF ATTO	RNEY FOR I	DEBTOR(S)	
(	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 201 compensation paid to me within one year before the filtiple rendered on behalf of the debtor(s) in contemplation	ing of the petition in bankruptcy	, or agreed to be pa	d to me, for services render	red or to
	For legal services, I have agreed to accept		\$	900.00	
	Prior to the filing of this statement I have received	l	<b></b> \$	900.00	
	Balance Due			0.00	
2. 7	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	■ Debtor □ Other (specify):				
4.	■ I have not agreed to share the above-disclosed com	pensation with any other person	unless they are me	mbers and associates of my	law firm.
	☐ I have agreed to share the above-disclosed compen copy of the agreement, together with a list of the na				irm. A
5.	In return for the above-disclosed fee, I have agreed to	render legal service for all aspec	ts of the bankruptcy	case, including:	
ł	<ul> <li>Analysis of the debtor's financial situation, and render.</li> <li>Preparation and filing of any petition, schedules, state.</li> <li>Representation of the debtor at the meeting of credit.</li> <li>[Other provisions as needed]</li> <li>Negotiations with secured creditors to reaffirmation agreements and applications of the second second</li></ul>	atement of affairs and plan which tors and confirmation hearing, a reduce to market value; ex- tions as needed; preparation	n may be required; nd any adjourned h emption plannin	earings thereof; g; preparation and filing	g of
5. l	By agreement with the debtor(s), the above-disclosed for Representation of the debtors in any d	ee does not include the following		ry proceeding.	
		CERTIFICATION			
	certify that the foregoing is a complete statement of a ankruptcy proceeding.	ny agreement or arrangement for	r payment to me for	representation of the debto	or(s) in
J	une 19, 2024	/s/ Brad Olson			
D	ate	Brad Olson Signature of Attorne			
		LAW OFFICE OF			
		101 East DeYour			
		Marion, IL 62959 618-997-5262 Fa	.v. 610 007 5260		
		bradolson@brad			
			Olaoillaw.colli		

# United States Bankruptcy Court Southern District of Illinois

Case No.

**Nicholas Allen Conner** 

In re	Karrina Danae Conner		Case No.	Case No.	
		Debtor(s)	Chapter	7	
		VERIFICATION OF CREDITOR MA	<u>TRIX</u>		
	TTI 1		11'		
		ned Debtor(s) hereby verify that the attached ny/our knowledge and that it corresponds to			
Date:	June 19, 2024				
		Nicholas Allen Conner	Nicholas Allen Conner		
		Signature of Debtor			
Date:	June 19, 2024	/s/ Karrina Danae Conner			
		Karrina Danae Conner			
		Signature of Debtor			

Apple Card Goldman Sachs Bank Lockbox 6112, PO Box 7247 Philadelphia, PA 19170-6112

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Avant 222 N. LaSalle Street Ste 1600 Chicago, IL 60601

Best Buy PO box 688911 Des Moines, IA 50368-8911

Bleyer and Bleyer Law Firm 601 W. Jackson Marion, IL 62959

Capital One P.O. Box 6492 Carol Stream, IL 60197

CBNA PO Box 9001037 Louisville, KY 40290

Comenity Capital Bank PO Box 183003 Columbus, OH 43218-3003

Consumer Collection Mgt PO Box 1839 Maryland Heights, MO 63043-6839

Credit First NA/Plaza Tire PO BOX 81344 Cleveland, OH 44188-0344

Deaconess Illinois Specialty Clinic P.O. Box 14000 Belfast, ME 04915-4033

Harley Davidson Credit Dept 15129 Palatine, IL 60055-5129

Heartland Regional Medical Center PO Box 631947 Cincinnati, OH 45263-1947

Heartland Woman's Healthcare 3408 Office Park Dr. Marion, IL 62959

Home Depot PO Box 78011 Phoenix, AZ 85062-8011

JPMorgan Chase Bank PO Box 29505 Phoenix, AZ 85038-9505

Key Bridge P.O. Box 1568 Lima, OH 45802

Massac Memorial Hosp PO Box 850 Metropolis, IL 62960

Med 1 Solutions 517 US Highway 31N Greenwood, IN 46142-3932

Menards/Capital One PO Box 4069 Carol Stream, IL 60197-4069

Quest Diagnostics PO Box 740780 Cincinnati, OH 45274-0780

SIU Credit Union 1217 West Main Street Carbondale, IL 62901 Southern Illinois Healthcare PO Box 219714 Kansas City, MO 64121-9714

US Bank Home Mortgage PO Box 790415 Saint Louis, MO 63179

Wal-Mart/Capital One PO Box 4069 Carol Stream, IL 60197-4069